



**DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services**

**James Randolph Farris, M.D.  
Regional Administrator**

1301 Young Street, Room 714  
Dallas, Texas 75202  
Phone (214) 767-6427  
Fax (214) 767-6400

June 18, 2002

Our Reference: WA-OK0343.90

Mr. Michael Fogarty  
Chief Executive Officer  
Oklahoma Health Care Authority  
4545 North Lincoln Blvd., Suite 124  
Oklahoma City, Oklahoma 73105-3413

Dear Mr. Fogarty:

I am pleased to inform you that your request to renew your Medicaid Home and Community-Based Services waiver (HCBSW) No. 0343 has been approved. As authorized by Section 1915 (c) of the Social Security Act, this HCBSW program (In-Home Supports for Adults) provides an array of home and community-based services as an alternative to institutionalization in an intermediate care facility for the mentally retarded (ICF/MR). This renewal has been assigned control number 0343.90 which should be used in all future correspondence.

Specifically, you submitted a request to provide homemaker, respite care, habilitation (prevocational services, supported employment services, habilitation training specialist), architectural modification, transportation, family training, family counseling, other services (audiology services, occupational therapy services, physical therapy services, speech therapy services), and extended state plan services (physician services provided by a psychiatrist, home health services defined as skilled nursing service and registered nursing service, prescribed drugs, assistive technology services, specialized medical supplies, dental services, nutritional services, psychological services).

Based on the assurances and information that you provided, I approve the renewal request cited for a five-year period beginning July 1, 2002.

This approval is subject to your agreement to serve no more individuals than indicated on your Factor "C" in your approved per capita expenditure estimate. The values for Factor "C" include any individuals replaced due to death or loss of eligibility for Medicaid services during the five (5) years of the waiver program.

The following estimates of utilization and cost of waiver services have been approved:

Year	Unduplicated Recipients	Factor "D"
1	750	\$11,334
2	800	\$12,388
3	875	\$13,635
4	950	\$14,791
5	1100	\$16,622

For your convenience, a copy of the approved renewal package is included with this correspondence. If you have any questions, please contact Cheryl Rupley at 214-767-6278.

Sincerely,

James Randolph Farris, M.D.  
Regional Administrator

Enclosure

cc: Director, Center for Medicaid and State Operations